

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

Substitute for Form PTO-1360  
(For use with Form PTO/SB/06)

Application Number

**10527249**

Filing Date

Applicant(s) **Dan Oz**

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		6				
8		( 1 )				
9		1				
10		1				
11		1				
12	1					
13		1				
14		1				
15		1				
16		1				
17		5				
18		( 1 )				
19	1					
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50						
Total Indep.	3		0		0	
Total Depend	25	↙	0	↙	0	↙
Total Claims	28		0		0	

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	Indep	Depend	Indep	Depend	Indep	Depend
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